

**MULTIPLE-DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

101599347

FILING DATE

09-26-04

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2		/		/		
3		/		/		
4		3		/		
5		①		/		
6		①		/		
7		①		/		
8		①		/		
9		①		/		
10		①		/		
11		①		/		
12		①		/		
13		①		/		
14		①		/		
15		①		/		
16		①		/		
17		①		/		
18		①		/		
19		①		/		
20		①		/		
21	/		/		/	
22	/		/		/	
23	/		/		/	
24	/	/	/	/	/	
25	/	/	/	/	/	
26	/	/	/	/	/	
27	/		/		/	
28						
29						
30						
31						
32						
33						
34						
35						
36						
37						
38						
39						
40						
41						
42						
43						
44						
45						
46						
47						
48						
49						
50						
TOTAL IND.	7	↓	3	↓		↓
TOTAL DEP.	22	←	24	←		←
TOTAL CLAIMS	29		27			

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53						
54						
55						
56						
57						
58						
59						
60						
61						
62						
63						
64						
65						
66						
67						
68						
69						
70						
71						
72						
73						
74						
75						
76						
77						
78						
79						
80						
81						
82						
83						
84						
85						
86						
87						
88						
89						
90						
91						
92						
93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						